

|  |   |
|--|---|
| In re<br><br><div style="text-align: right;">Debtor.</div> | Case No.:<br><br><div style="text-align: right;">(If known)</div> |
|--|---|

## SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and account number, if any, of all entities holding claims secured by property of the debtor as of the date of filing of the petition. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests. List creditors in alphabetical order to the extent practicable. If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE | CODEBTOR | HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND MARKET VALUE OF PROPERTY SUBJECT TO LIEN | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL | UNSECURED PORTION, IF ANY |
|--|----------|-----------------------------------|---|------------|--------------|----------|---|---------------------------|
| ACCOUNT NO.  |          |                                   |   |            |              |          |   |                           |
|  |          |                                   |   |            |              |          |   |                           |
|  |          |                                   | Value \$  |            |              |          |   |                           |
| ACCOUNT NO.  |          |                                   |   |            |              |          |   |                           |
|  |          |                                   |   |            |              |          |   |                           |
|  |          |                                   | Value \$  |            |              |          |   |                           |
| ACCOUNT NO.  |          |                                   |   |            |              |          |   |                           |
|  |          |                                   |   |            |              |          |   |                           |
|  |          |                                   | Value \$  |            |              |          |   |                           |
| ACCOUNT NO.  |          |                                   |   |            |              |          |   |                           |
|  |          |                                   |   |            |              |          |   |                           |
|  |          |                                   | Value \$  |            |              |          |   |                           |
| <b>Subtotal</b>  |          |                                   |   |            |              |          | \$  |                           |
| <b>(Total of this page) Total</b>                      |          |                                   |   |            |              |          | \$  |                           |

(Report total also on Summary of Schedules)

\_\_\_\_ Continuation sheets attached

